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			, [				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	DR .	ATTORN	NEY DOCKET NO.	CONFIRMATION NO.
10/571,277	10/571,277 03/09/2006		Hideyuki Okano	*			6053
TITLE OF INVENTION EXTENSION ENHANC SCREENING METHOD	ERS THEREFOR PHA	NHANCING SURVIVA RMACEUTICAL COM	L AND/OR PROLIFE POSTIONS CONTAIN	RATION OF NEUR ING NEURAL STE	RAL STEI M CELLS	M CELLS AND I	NEURITE DDS AND
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	07/30/2010
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
LEAVITT, MARIA GOMEZ		1633	424-158100				
1. Change of correspondence address or indication of "Fee Address" (37, CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Finnegan, Henderson Farabow, Garrett, & Dunner, L.L.P.				w, Garrett, &
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI Keio Univ	less an assignee is ident th in 37 CFR 3.11. Comp GNEE 7ersity	A TO BE PRINTED ON ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (CI Tokyo, Ja	patent. If an assignan assignment.  TY and STATE OR  PAN	COUNTR	(Y)	document has been filed for roup entity  Government
	are submitted:  No small entity discount p	<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).</li> </ul>					
a. Apolicant claim	ntus (from status indicate	us. See 37 CFR 1.27.	☐ b. Applicant is no				
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Authorized Signature	Maryani	1. bufull	<u> </u>	Date Jul	y 28,	2010	
Authorized Signature Maryann T. Pugliclli  Typed or printed name Maryann T. Pugliclli  Registration No. 52,138							
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria Virginia 22:	ntiality is governed by 35 to application form to the tions for reducing this bu Virginia 22313-1450. DC 313-1450.	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var- rden, should be sent to the ONOT SEND FEES OR persons are required to re	y depending upon the in the Chief Information Of COMPLETED FORMS	dividual case. Any officer, U.S. Patent and TO THIS ADDRES	comments d Tradema SS. SEND	on the amount of ark Office, U.S. De TO: Commissione	nd by the USPTO to process) ling gathering, preparing, and time you require to complete partment of Commerce, P.O. er for Patents, P.O. Box 1450, tol number.